

HOSPITAL PHARMACIST IN CHARGE CHANGE FORM

Instructions: Submit this completed form along with a COPY of the controlled substance inventory taken at the time of the Pharmacist in Charge (PIC) change. NOTE: There is NO grace period for a hospital to be without a designated PIC. The Department must be notified within 30 days of the change in the PIC.

Email or fax this completed form and the inventory to:

DHHS Public Health – Licensure Unit – Acute Care Facilities Office

Email: DHHS.AcuteCareFacilities@nebraska.gov

Fax: 402-742-8319

.....
DATE:

NAME OF HOSPITAL:

CITY:

Does this Hospital Pharmacy also have a Community Pharmacy License?

YES

IF YES, Please provide the license number:

NO

EFFECTIVE DATE OF PHARMACIST IN CHARGE CHANGE:

Previous PHARMACIST IN CHARGE NAME:

Previous PHARMACIST IN CHARGE LICENSE NUMBER:

New PHARMACIST IN CHARGE NAME:

New PHARMACIST IN CHARGE LICENSE NUMBER:

New PHARMACIST IN CHARGE EMAIL ADDRESS:

New PHARMACIST IN CHARGE PHONE NUMBER:

SUBMITTED BY:

DATE SUBMITTED:

If you have questions about this form or the submission of this form, please contact:

DHHS.AcuteCareFacilities@nebraska.gov or 402-471-2110.